

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-11985 OH-2 OH-3 Lebanon Police 0830300

ODHS USE ONLY - 00 NOT MARK ABOVE

LOCAL FILE NO 14-11985

REPORT TAKEN AT STATION AT SCENE NO OF VEH PEDESTRIANS INVOLVED CRASH SEVERITY (CHECK MOST SEVERE) FATAL INJURY PROPERTY DAMAGE ONLY COMBINED VEH/PROP LOSS OVER \$150 UNDER \$150 HIT SKIP SOLVED UNSOLVED

IN COUNTY OF WARREN IN CITY LEBANON DATE OF CRASH: 07 15 2014 Tuesday 1947 TIME: MILITARY CRASH OCCURRED ON 890 Columbus Ave. Lebanon, Ohio 45036 WITHIN THE INTERSECTION OF IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE 8321

LOG-1 LOG-2 LOC JUR FH'9 FILT

A UNIT NO. 1 NO OF OCCUPANTS 0 OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO. BIRTH DATE AGE SEX SOCIAL SECURITY NO. STATE DRIVER'S LICENSE NO. OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) ADDRESS PHONE Toler, Samuel, E. Gerlaugh Ave., Dayton, Ohio 45403 937-252-3733

VEH YR 2013 MAKE Chevrolet MODEL Sonic COLOR Black STYLE 411 STATE OH LICENSE PLATE NO. FSJ5319 TOWING SERVICE VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS 1-8 DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE MODERATE LIGHT HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

8 UNIT NO. 2 NO OF OCCUPANTS OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Address (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO. BIRTHDATE AGE SEX SOCIAL SECURITY NO. STATE DRIVER'S LICENSE NO. OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) ADDRESS PHONE

VEH YR MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR FROM TO

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C FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION A-F INJURIES A-F

D FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION A-F INJURIES A-F

E FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION A-F INJURIES A-F

F FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION A-F INJURIES A-F

A B C INJURED TAKEN TO By A B C D E F RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED

A B C INJURED TAKEN TO By A B C D E F ALCOHOL A B YES NO 1 TESTED TESTED

A OFFENSE CHARGED AND DESCRIPTION ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION ORC CITY ORD EJECTION A B C D E F DRUGS A B C D E F TESTED YES NO

RECEIVED CALL 1947 DISPATCHED 1947 ARRIVED 1955 CLEARED 2001 OTHER TIME TOTAL MINUTES 14 DATE REPORT FILED 07 15 2014 PHOTOS YES NO OFFICER'S NAME Stewart BADGE NO. 120 CHECKED BY

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION